

## ISDH 2004 Hospital Service Report

(Annual Report under Indiana Code 16-21-6)

**St Joseph Hospital**City: Fort Wayne County: Allen Year: **2004**

Provider Type: General Acute Hospital

| <b>I. Inpatient Care</b>            |                              |                             |                               |                                     |
|-------------------------------------|------------------------------|-----------------------------|-------------------------------|-------------------------------------|
| <b>Hospital Service Description</b> | <b>Number of Set Up Beds</b> | <b>Number of Discharges</b> | <b>Number of Patient Days</b> | <b>Average Charge Per Discharge</b> |
| Burn Care                           | 10                           | 273                         | 1,975                         | \$14,095                            |
| Cardiac Intensive                   | 8                            | 254                         | 1,674                         | \$9,810                             |
| ICU Med/Surg                        | 12                           | 229                         | 2,512                         | \$16,321                            |
| ICU Neonatal                        | 10                           | 84                          | 1,192                         | \$18,204                            |
| ICU Pediatric                       | 0                            | 0                           | 0                             | \$0                                 |
| Medical/Surgical                    | 63                           | 2,823                       | 13,004                        | \$3,249                             |
| Neonatal Intermed                   | 0                            | 0                           | 0                             | \$0                                 |
| Obstetrics                          | 17                           | 590                         | 1,485                         | \$1,112                             |
| Pediatric                           | 0                            | 0                           | 0                             | \$0                                 |

|                 |     |       |        |         |
|-----------------|-----|-------|--------|---------|
| Psychiatric     | 40  | 1,266 | 8,775  | \$5,790 |
| Rehabilitation  | 10  | 149   | 1,678  | \$6,252 |
| Substance Abuse | 0   | 0     | 0      | \$0     |
| Swing Beds      | NA  | 0     | 0      | \$0     |
| Other Services  | 0   | 0     | 0      | NA      |
| Acute Subtotal  | 170 | 5,668 | 32,295 | NA      |
| Normal Newborn  | 20  | 458   | 1,006  | \$939   |

| <b>II. Outpatient Visits</b>                           |        |                     |         |
|--|--------|---------------------|---------|
| Circulatory System                                     | 5,534  | Digestive System    | 3,085   |
| Endocrine System                                       | 6,892  | Injuries and Poison | 9,175   |
| Mental Disorder  | 1,986  | Musculoskeletal     | 6,060   |
| Neoplasms  | 1,668  | Nervous             | 1,390   |
| Respiratory  | 2,903  | Urinary             | 4,547   |
| Other/Unknown  | 84,658 | Total Visits        | 127,898 |
|  |        |                     |         |
| Number of Visits to Emergency Department               |        |                     | 19,465  |
| Percent of Emergency Department Visits of Total Visits |        |                     | 15.2%   |

## Identification of Hospital Services

Each hospital has identified if it has one or more of a standard list of 66 services. This list of 52 services is updated annually by each hospital from the information initially requested by the Centers for Medicare & Medicaid Services when the hospital was initially certified for Medicare payment. The other 14 services have been identified in other sections of this report.

|                                 |                            |                            |
|---------------------------------|----------------------------|----------------------------|
| N - Ambulance Service (Owned)   | Y - Alcohol/Drug Service   | Y - Anesthesia Services    |
| N - Audiology                   | Y - Blood Bank             | N - Cardiac Cath Lab       |
| Y - Cardiac-Thoracic Surgery    | N - Chemotherapy Service   | N - Chiropractic Service   |
| N - CT Scanner                  | Y - Dental Service         | Y - Dietetic Service       |
| N - Extracorporeal Lithotripter | N - Gerontological Service | Y - Home Health Service    |
| N - Hospice                     | Y - Laboratory Anatomical  | Y - Laboratory Clinical    |
| N - Magnetic Resonance (MRI)    | Y - Neonatal Nursery       | N - Neurosurgical Service  |
| Y - Nuclear Medicine            | Y - Occupational Therapy   | Y - Operating Room         |
| N - Ophthalmic Surgery          | N - Optometric Service     | N - Organ Bank             |
| N - Organ Transplant            | N - Orthopedic Surgery     | Y - Pharmacy               |
| Y - Physical Therapy            | N - PET Imaging            | Y - Postoperative Recovery |
| N - Psychiatric Emergency       | N - Psychiatric Child      | N - Psychiatric Forensic   |
| N - Psychiatric Geriatric       | Y - Radiology Diagnostic   | Y - Radiology Therapeutic  |
| N - Reconstructive Surgery      | Y - Respiratory Care       | N - Rehab Inpat CARF       |
| Y- Rehab Inpat Non CARF Acc     | N- Rehab Outpatient        | Y- Renal Dialysis          |

|                         |                             |                             |
|-------------------------|-----------------------------|-----------------------------|
| Y - Social Services     | Y - Speech Pathology        | Y - Surgical Inpatient      |
| Y - Surgical Outpatient | N - Trauma Center Certified | N - Transplant Cnt Medicare |
| N - Urgent Care Center  |                             |                             |

|      |                |       |                      |      |              |
|------|----------------|-------|----------------------|------|--------------|
| NA = | Not applicable | NMF = | No meaningful figure | NR = | Not reported |
|------|----------------|-------|----------------------|------|--------------|